MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889404

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
2		/				
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	13	↓		↓		↓
TOTAL CLAIMS	14					

Claim	* IND.	DEP.	* IND.	DEP.	* IND.
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100					
TOTAL IND.					
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)